PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032

Under Panerwork Redu	action Act of 1995	no persons are requir	ed to re	soond to a collection	n of informa	ation unless	it displays a	a valid OMB control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/		9/539,96	9/539,966		
FEE TRANSMITTAL				Filing Date M		March 31, 2000			
For FY 2005				First Named Inv	MacArthur	Arthur			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Nguye			∕like		
				Art Unit 2182					
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket	No. E	MC2-044	IPUS (for	rmerly 07072-101001	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 05-0889  Deposit Account Name: EMC Corporation									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
	Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING I	FEES Small Entity	SEAR	CH FEES	EXAM	INATION Small F			
Application Type	Fee (\$)		Fee (\$	Small Entity  Fee (\$)	Fee (	Small E \$) Fee		Fees Paid (\$)	
Utility	300	150	500	250	200	100	)		
Design	200	100	100	50	130	65	5		
Plant	200	100	300	150	160	80	)		
Reissue	300	150	500	250	600	300	)	<u> </u>	
Provisional	200	100	0	0	0	0	)		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues)							e (\$) 50	<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims							Itiple Dep	endent Claims	
- 20 or HP		x=	=			<u>Fe</u>	ee (\$)	Fee Paid (\$)	
HP = highest number of to indep. Claims	otal claims paid fo Extra Clain		Fee	Pald (\$)					
- 3 or HP =	=	x=							
HP = highest number of in	•	s paid for, if greater than	n 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
		), the application s							
sheets or fraction	thereof. See	35 U.S.C. 41(a)(1	1)(G)	and 37 CFR 1.1	6(s).		•		
<u>Total Sheets</u> - 100	Extra Shee	<u>ets Number</u> / 50 =	of eac	h additional 50 o			Fee (\$	<u>Fee Paid (\$)</u> =	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Three (3) Terminal Disclaimers 120.00									
SUBMITTED BY	1 <i>M</i>		$\overline{}$	Registration No.		Ţ.	Telephone	<sup>3</sup> 508 477 4311	
Signature		<b>x</b>		(Attorney/Agent) 2	:5,800			- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.